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**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO**

In re:) **Judge Russ Kendig**
)
Gary Michael Blackburn) **Case No.** 17-61590
Candy Sue Blackburn)
Debtor(s).) ☒ **Chapter 13 Form Plan Summary**
) ☐ **Amended Chapter 13 Plan**

Read this carefully. You are a party in interest in this bankruptcy case. This is a summary based upon a form plan adopted in this court. The full length form controls over the terms of this summary. Special Provisions (paragraph 1) are deviations from the form and should be read with special care. You may review the form plan at www.ohnb.uscourts.gov. The letters and numbers in parentheses in this plan summary are the paragraphs of the Form Plan into which the data would be inserted.

1. SPECIAL PROVISIONS:

A. Regional Acceptance shall be paid direct (see provision 6).

☐ Continued on attached separate page(s).

2. POT % or a pot of \$ N/A to general unsecured creditors (E9)

3. Assumed unexpired leases and executory contracts (B2)

<u>Creditor</u>	<u>Description of asset or contract</u>
<u>Rent A Center</u>	<u>Refrigerator \$104 per month x 33 months</u>
<u> </u>	<u> </u>
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All other leases and executory contracts deemed rejected.

4. Mortgages or Judgment Liens - Ongoing Monthly Payment (C, E3, E6)

<u>Creditor</u>	<u>Priority</u>	<u>Property Address</u>	<u>Proposed Pymt/Mo.</u>	<u>To be paid by debtor, trustee, or stripped & not secured</u>
<u> </u>	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
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5. Mortgage Arrears (E4)

<u>Creditor</u>	<u>Estimated Amount</u>	<u>Rate (%)</u>
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

☐ Continued on attached separate page(s).

Creditors who do not agree to rate of interest must object to confirmation or the rate in this paragraph is deemed to be absolute on confirmation. The amount of arrearage is subject to contrary proof of claim.

6. Secured Non-mortgage claims to be paid full current balance (E5)

Creditor:	Regional Acceptance	_____	_____
Collateral:	2016 Ford Fiesta	_____	_____
Date Incurred:	2/2017	_____	_____
Monthly Payment:	\$ 395.00	_____	_____
Interest Rate:	13.45 %	_____%	_____%
Estimated Balance:	\$ 19,147.00	_____	_____
Paid By:	Debtor	_____	_____

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7. Liens to be crammed down but not stripped (E7)

Creditor:	_____	_____	_____
Date Incurred:	_____	_____	_____
Collateral:	_____	_____	_____
Monthly Payment:	_____	_____	_____
Interest Rate:	_____%	_____%	_____%
Secured Value:	_____	_____	_____

☐ Continued on attached separate page(s).

Creditors who do not agree to date incurred, collateral description, monthly payment, interest rate or secured value must object to confirmation or the treatment in this paragraph is deemed to be absolute upon confirmation, except statutory tax liens, which will be paid as allowed.

8. Priority Claims to be paid in full and estimated as follows (E8)

<u>Creditor</u>	<u>Source & Year</u>	<u>Amount</u>
IRS	2016 Taxes	\$395.00
City of Canton	Taxes	\$227.00

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9. The holder(s) of any claim for Domestic Support Obligations pursuant to 11 U.S.C. § 1302(d) shall be paid by the debtor unless specified in Special Provisions. The holder of the Domestic Support Obligation is specified below. If the holder of a claim is a minor, the name and address of such minor has been disclosed to the Trustee contemporaneously with the filing of this plan in compliance with 11 U.S.C. § 112. (B6)


Holder Name: _____
Holder's Address (if known): _____
Address of Child Support _____
Enforcement Agency (mandatory): _____

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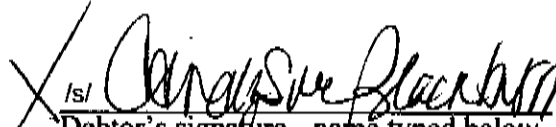
10. Payments to Trustee (D)

The debtor will pay to the trustee \$ 100.00 monthly for a minimum of 36 months, or all future disposable income, whichever is greater. Payments shall be by ☒ Wage Order on employer ☐ by Debtor ("Private Pay") in the form of money order or certified check.

11. Attorneys Fees are pursuant to the current Administrative Order. Any deviation is in Special Provisions. (E2)


Debtor's signature - name typed below

/s/ Gary Michael Blackburn


Debtor's signature - name typed below

/s/ Candy Sue Blackburn


Attorney's signature - Name (state bar #), address and phone typed below

Attorney's signature - Name (state bar #), address and phone typed below

/s/ Donald M. Miller #0003544

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